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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Ernest Leneqv

1411413352

(In the space above enter the full name(s) of the plaintiff(s).)

**AMENDED  
COMPLAINT**

under the Civil Rights Act,  
42 U.S.C. § 1983

-against-

The City of New York

correction officer.

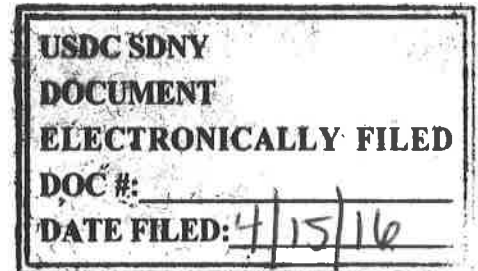
Jury Trial: ☒ Yes ☐ No  
(check one)

1. Cleary Ms. Badge # unknown

2. Paul Ms. Badge # unknown

16 Civ. 0893 RA

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name

Ernest Leneqv

ID#

1411413352

Current Institution

O B C C

Address

1600 Hazen Street

EAST Elmhurst, NY 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

The City of New York

Shield #

Where Currently Employed

100 Church Street

Address

New York, NY 10007

Defendant No. 2 Name Officer Cleary Shield # \_\_\_\_\_  
Where Currently Employed NYC Dept of Correction  
Address Robert N Daroan Detention Center  
11-11 Hazen Street, East Elmhurst, NY

Defendant No. 3 Name Officer Paul Shield # 3098  
Where Currently Employed NYC Dept of Correction  
Address Robert N Daroan Detention Center  
11-11 Hazen Street, East Elmhurst, NY

Who did  
what?

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

RNDC C-74 11-11 Hazen Street  
East Elmhurst, New York 11370

B. Where in the institution did the events giving rise to your claim(s) occur?

6 Main South 24 cell

C. What date and approximate time did the events giving rise to your claim(s) occur?

January 14, 2015  
working the 3pm to 11pm tour

D. Facts: \_\_\_\_\_

What  
happened  
to you?

NATURE OF CLAIM- is for the emotional and physical/Psychological injuries and monetary damages, sustained by the claimant ERNEST LEMNEA, AS WELL AS, Civil Rights violations, including those under the FIRST, EIGHTH AND FOURTEENTH AMENDMENTS of the U.S. Constitution, as well as, the rights, privileges and immunities secured under 42 U.S.C. Section 1983, the equal protection clause of the U.S. Constitution and the Constitution of the state of New York along with all other applicable laws, Statutes and regulations.

#### CAUSE OF ACTIONS

The above damages stem from the "Negligent-careless, reckless and the intentional misconduct of THE CITY OF NEW YORK, its agents, servants, employees and those acting under the color of State law, direction, behest, permission and control in process of providing Correctional services, more specifically, The Defendants CITY OF NEW YORK, individually and in their official capacities.

That said occurrences and the injuries sustained by the claimant herein ERNEST LEMNEAU were due to the misconduct of the CITY OF NEW YORK, its agents, servants, and/or employees in the course of their duty(ies) as Correctional staff; in failing to adequately supervise and instruct said agents, servants, employees as to the proper practices and procedures in the discharge of their duty(ies); in violating the claimant ERNEST LEMNEAU civil rights; in the negligent hiring practices; in failing to properly investigate employees and potential employees; and THE CITY OF NEW YORK, its agents, servants, and/or employees were otherwise careless, reckless and negligent. Upon information and belief, THE CITY OF NEW YORK, is identified as the Commissioner Joseph Aponte administrator of the NEW YORK CITY DEPARTMENT OF CORRECTIONS.

That the claimant ERNEST LEMNEA, sustained severe and permanent physical emotional and psychological injuries, as well as, monetary damages, which to date are as yet unknown, including but not limited to, upon information and belief, anxiety, emotional distress and upset, flashbacks and mental anguish.

3(A)

That during the time in custody, claimant ERNEST LEMNEAU, was repeatedly caused to feel helpless, disgraced, shamed and ridiculed as a result of his disfigurement facillaly and said claim is for the personal injury, pain and suffering and/or enjoyment of life, and all other damages to which the claimant ERNEST LEMNEAU, is entitled by case law and Statute.

STATEMENT OF FACTS

The plaintiff alleges that on January 14, 2015, while asleep on his assigned bed in housing unit 6 main south 24 cell, that he was startled awake by a corrections officer banging on his ell door and that this alarmed him so much that he jumped up out of his sleep banging his head on his bed railing over his head causing bruising and a hematosia which remains to the present obstucting his vision and causing him continued headaches, backaches and neckaches.

The plaintiff alleges that he immediately requested for medical assistance from the corrections officer on duty but was totally ignored as the jail was on "lock-down" thereby depriving him of any medical attention and the careless reckless and intentional negligence of the corrections officer involved who was the cause of the plaintiff's alarm.



The plaintiff filed a grievance regarding the event and denial of medical attention with the facility for menetary damages and also appealed to the Board of Corrections as he continues to suffer from the permanant injury he sustained as a result of negligence, the CAUSE OF ACTION in this civil right complaint by the defendants acting under the color of State law and for such other and further relief this court deems just and proper.

Respectully Submitted.



MR. ERNEST LENEAU.



CORRECTION DEPARTMENT CITY OF NEW YORK		Page 1 of 2 Pages		Form #157R-A Rev. 01/13/06 Ref: Dir. 04102-A	
<b>INJURY TO INMATE REPORT</b>					
INSTRUCTIONS: Original Report to Security, One copy to Clinic Look Box, One Copy to Inmate Medical File.					
Command: <b>RNDX</b>	Date: <b>01/16/15</b>	COMUDF #: _____	Injury #: <b>00097417</b>		
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY)					
Inmate Name (Last Name, First Name): <b>Leneau, Ernest</b>					
Location: <b>Cyprin South</b>	Work: _____	NYSID #: <b>07936186H</b>	Book & Case/Sent #: <b>141141335Z</b>		
Details: <b>On Friday Jan 16, 2015 at approx 1700 HRS I was assigned to Cyprin A (when I arrived Leneau, Ernest BK 141141335Z went to the clinic and stated two days ago he hit his head on the Red Frame.</b>					
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): <b>Samenko, 1588</b>		Date: <b>01/16/2015</b>	Time: <b>1700</b> Hrs.		
Employee: <input type="checkbox"/> Did <input checked="" type="checkbox"/> Did Not Witness This Injury.	Employee Signature: <b>Paul</b>	Rank/Title: <b>C/O</b>	Signature: <b>SDY</b>		
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)					
Date of Injury: <b>1/16/15</b>	Reported for Medical Attention: <b>Date 1/16/15 1730 Hrs.</b>	Inmate Refused Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Visible Injury: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Nature of Injury and Cause: <b>Cause of injury is as stated above. Nature of injury: Right forehead contusion</b>			Medical Staff Short Note Location of Injury:		
Treatment: <b>① Education/Assurance ② Application of ice pack ③ Pain medication ④ PTA prior to clinic.</b>					
Treated by (Print and Sign Full Name): <b>Dr. [Signature]</b>			Title: <b>RN</b>		
Referrals to Other Medical Services (If Yes, Document Medical Findings): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Treated by (Print and Sign Full Name): <b>Dr. [Signature]</b>			Title: <b>RN</b>		
Please Check Disposition: <input checked="" type="checkbox"/> Return to Housing Area <input type="checkbox"/> Work Release <input type="checkbox"/> Light Duty <input type="checkbox"/> Return to Work Assignment <input type="checkbox"/> No Claim <input type="checkbox"/> Return to Clinic <input type="checkbox"/> Return to School <input type="checkbox"/> Use Emergency Emergency <input type="checkbox"/> Pending					
Transfer to Hospital (Indicate Name of Hospital): _____					
Other (Please Specify): _____					
Treated by (Print and Sign Full Name): <b>Dr. [Signature]</b>			Title: <b>RN</b>		
I certify that the cause of injury as stated herein is to my knowledge true and correct.			Date: <b>1/16/15</b> Time: <b>1800 Hrs</b>		
Inmate Signature: <b>Ernest Leneau</b>		BAC/Sentence #: <b>141141335Z</b>		Date: <b>1/16/15</b>	
Witnessed By (Signature): <b>[Signature]</b>		Rank/Title: <b>QD</b>		Shield R.D. #: <b>11050</b>	

3(c)

See

Attached

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I have been going to the West hospital in Rikers Island for the ortho doctor and Nerve doctor and I went to a special doctor at Bellevue hospital Medical, I was told that I have damage my ~~torso~~ spinal cord, and Nerves in my shoulders, and BACK.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐



If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

RNDC 11-11 HAZEN ST.  
EAST GLENHURST, NY 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

In RNDC grievance office

1. Which claim(s) in this complaint did you grieve?

That I Bang my head on the bar, and the Neglect to Act WAS delayed

2. What was the result, if any?

No result.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I told the Doctor about my problem and still to this day they have not did anything until now. I get seen in Belver hospital they are taken care of me now. That happen because A inmate Called Prisoners Right and from there the doctor started to he

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). *AS A result of the damage I received I would like to continue medical, and maybe get the nerves in my Neck fix, but for the Pain and negligence by Correction and my permanent injury sustained to this date the result of violation of my 8th and 14 amendment I would seek for my damage + pain in the amount of two million dollars \$ 2,000,000.00. Money can never relieve the pain that I feel every day all day.*



On  
these  
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No ☒

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes ☒ No ☐  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of MARCH, 2016.

Signature of Plaintiff

Inmate Number

Institution Address

Ernest Lincan  
1411413352  
O B C C  
1600 HAZEN ST  
EAST ELMHURST, NY  
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 18 day of MARCH, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Ernest Lincan

St Leneau  
Hazen St  
Elmhurst NY 11370  
13352



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